

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

COMPANY NAME: JACK COOPER TRANSPORT CO., INC.

I (We) hereby authorize *Company* JACK COOPER TRANSPORT CO., INC., hereinafter called COMPANY to initiate credit entries to my (our) [ ] Checking [ ] Savings account indicated below and the DEPOSITORY FINANCIAL INSTITUTION names below, to credit the same to such account.

## CHECKING ACCOUNT

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Transit/ABA No. \_\_\_\_\_ Account Number: \_\_\_\_\_

## SAVINGS ACCOUNT

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Transit/ABA No. \_\_\_\_\_ Account Number: \_\_\_\_\_

I understand that the Company intends to initiate the automatic deposit to allow the funds to be available for withdrawal from my designated account within three (3) business days following the Company's regular payday. I acknowledge and accept these terms.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Employee No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_